

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/297038</b>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51		/		
2		/					52		/		
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12		/					62				
13	/						63				
14		/					64				
15		/					65				
16		/					66				
17		/					67				
18		/					68				
19		/					69				
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35		/					85				
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37		/					87				
38		/					88				
39		/					89				
40		/					90				
41		/					91				
42		/					92				
43		/					93				
44		/					94				
45	/						95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
TOTAL IND.							TOTAL IND.	5			
TOTAL DEP.							TOTAL DEP.	47			
TOTAL CLAIMS							TOTAL CLAIMS	52			